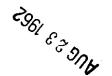
					SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-028$	3278
			PUI		egistration District No	BER
DO NOT WRITE ON THIS STUB	AM	ENDED		=	FILED JUL 2 5 1967	-ida bafara
VS 300	ا جا	1.1	1	'	a. COUNTY St. Charles a. STATE Missouri COUNTY St. Charles	admission)
Rev. 4/59	AMENDED			_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b CR CR	Inside Limits
100.6	AME			_	town St. Charles Life town St. Charles	Yes 🔣 No 🗋
-0928	DATE (HOSPITAL OR ADDRESS	Reside on Farm Yes □ No 🙀
	20		4	=	Dovide principal and the second secon	~
3					NAME OF DECEASED First Middle Lest 4. DATE Month Day OF DEATH July 13, 19	Year 162
4 /					i. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR	
5 0				<u> </u>	Female White Widowed Divorced Jun. 9, 1883 79 Mogths Days a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF W	
6	s			"	during most of working life, even if retired) Nursing St. Charles, Mo. U.S.A	
7 0	FOLLO			13	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
1 X / 1	1 1			-14	Jacob Delger Amelia Wilhelm None WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	AS				es, no, or unknown) (If yes, give war or dates of service Mrs. Anthony Fox, St. Charles	. Mo.
10	ARE		Z	-	18. CAUSE OF DEATH (Enter only one cause per line f	RVAL BETWEEN
	CORD D OF		JME		IMMEDIATE CAUSE (a)	ymo
	EAD (DOCUMENT		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCUMPNED S CONCUMP	omo
12/-0	S S				which gave rise to above cause (a),	
13 4-0	티	++-	┪┃		stating the under- lying cause last. DUE TO (c)	
	8			TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed we there a pregnance	os female wa y in last 90 day
	ST			FICA	☐ Yes XNo	
	AMENDMENT			CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PA	f item 18.}
z	8			ICAL	20c. TIME OF Hou Month, Day, Year INJURY a.m.	
K INK RIBBON	⋖			MEDI	p.m.	STATE
. .					20d. INJURY OCCURRED WHILE AT WORK 100	SIAIE
LAC TER TER	READ				21. I attended the deceased from 10 y 196 to wy 1962 and last saw her slive on wy 3	1962
N BI					Death occurred at on the date stated above, and to the best of my knowledge, from the cau	ses stated.
USE BLACI OR YPEWRITER	знопгр		P.		22a. SIGNATURE (Degree or tille)	22c. DATE SIGNE
	\$		J≒I	<u> </u>	ia. BURIAL, CREMATION, P236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	Š.		AFFIDA	43	REMOVAL (Specify) Burial Jul.17.1962 St. Feter Cemetery St. Charles, Mo.	<i>y</i> ''
	EW P		ΥAF		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE -	
	=		á	H	.c. Dallineyer a Bons, bo. onal les, Po. / -/6 ~62 Marcella Willow	



STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Charles Marks
StudentSignature of Student Embalmer	Signed / / / / / / / / / / / / / / / / / / /
organistic of oroccal parameters.	Licensed Embalmer Ng. 4530

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.